

Test Date:
Station Name:

Rejection Number:
Station Number:

License: VIN: Year:
Make: Model:
Cylinders: Engine Size: Transmission: Automatic
Odometer: GVWR:

Section A: REPAIR SHOP INFORMATION

Repair Shop Technician is to complete Sections A & B for emissions related repairs only.

Repair Shop Name: _____

Repair Shop Phone #: () - -

Total Cost of Parts: \$_____ .00 (enter whole dollars only)

Total Cost of Labor: \$_____ .00 (enter whole dollars only)

☐ Check if other emission related repairs were recommended but not performed.

Repair Technician Signature: _____

Section B: REPAIR CATEGORIES (Date and check all that apply)

Repair Categories: Repair Date: _____

- | | |
|--|---|
| <input type="checkbox"/> Ignition Repairs | <input type="checkbox"/> Catalytic Converter / Exhaust System |
| <input type="checkbox"/> Intake/fuel Induction System Repair | <input type="checkbox"/> Air Injection System Repair |
| <input type="checkbox"/> Engine Diagnostics | <input type="checkbox"/> Internal Engine Repairs |
| <input type="checkbox"/> Fuel – Cap/Tank/Evaporative System | <input type="checkbox"/> Readiness |
| <input type="checkbox"/> EGR System | <input type="checkbox"/> No Communication |
| <input type="checkbox"/> Sensors, Switches, and Computer | <input type="checkbox"/> Other OBD related repairs |

Section C: OWNER SELF-REPAIR

For self-repairs, the Owner is to complete Sections B & C.

Total Cost of PARTS ONLY \$_____ .00 (enter whole dollars only)

☐ Check if you choose to have your vehicle re-inspected **WITHOUT** making any repairs.

Vehicle Owner Signature: _____